

Catawba County Emergency Medical Services

Request for Amendment of Protected Health Information

Patient Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security No.: _____

Information to Amend: (Please check the field that represents the type of information you would like to amend.)

____ Name	____ Marital Status
____ Billing Address	____ Surrogate Decision Maker
____ Mailing Address	____ Organ Donor
____ Current Medical Condition	____ Other: Please describe
____ Past Medical History	_____
____ Current Medications	_____
____ Allergies	_____

Please specifically describe what information you want amended. Please ONLY list the new information.

Catawba County EMS, in its capacity as a health care provider, is entitled to perform and bill for services based on all protected health information in its current form or upon which it has already relied until such time as the amended information becomes effective.

Your signature below indicates that you have agreed to accept these terms as they have been listed and to provide payment, if required, to Catawba County EMS based on existing protected information until such time that the amendments you have made are effective.

Patient Signature: _____ Date: _____

We are now requesting permission allowing us to notify the persons with which the amendments need to be shared. We will provide to those individuals you identify to us as having received the PHI as well as those persons or business associates of Catawba County EMS that may have relied on or could be reasonably expected to rely on the amended PHI.

Identify to us any individuals you know of who may need the amended PHI about you and sign the attached statement giving us permission to provide them with the updated PHI.

Sincerely,

David Weldon, Director
Catawba County Emergency Services

Catawba County Emergency Medical Services

By my signature below, I hereby allow Catawba County EMS to provide amended PHI to the following persons and to others who Catawba County EMS has identified have a need for such information provided such information is furnished in accordance with federal law.

Names and contact information for persons I know need the amended PHI about me:

Date

Signature